MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043633 STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 2021 Registrar's No. 210

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0405
2 0401
3
4 1
5 2
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7 0
8 2
9 4201
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12 810-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED DEC 11 1963

1. PLACE OF DEATH
a. COUNTY Grundy
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton
Length of stay in 1b: 5 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Whitfield Nursing Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Grundy
c. CITY OR TOWN Trenton Twp
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Plainview Rest Home
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First BERTHA Middle L Last ROADES

4. DATE OF DEATH Month 12 Day 5 Year 1963

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 3-6-1879
9. AGE (last birthday) 84
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Sullivan Co Mo
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Samuel Clark
13b. MOTHER'S MAIDEN NAME Matilda Hatcher
14. NAME OF HUSBAND OR WIFE W. J. Rhoades

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. –
17. INFORMANT Mrs Polly Isack Address Chillicothe Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from not at all and last saw her alive on never
Death occurred at 11:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Albert D Cross (Degree or title) M.D.
22b. ADDRESS 608 E. Ninth, Trenton, Mo
22c. DATE SIGNED 12/6/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-8-63
23c. NAME OF CEMETERY OR CREMATORY Humphreys Cem.
23d. LOCATION (City, town, or county) (State) Humphreys Mo

24. FUNERAL DIRECTOR ADDRESS Hayes Funeral Home Galt Mo
25. DATE RECD. BY LOCAL REG. 12-10-63
26. REGISTRAR'S SIGNATURE Irene Farr

(Licensed Embalmer's Statement on Reverse Side)

DEC 19 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed P K Rayne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.